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CONFIRMATION NO. 8839

SERIAL NUMBER 10/006,083	FILING DATE 12/06/2001 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. BSCU-024/01US
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/295,465 06/01/2001

Dr. OK

** FOREIGN APPLICATIONS *****

Dr. None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/02/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 10	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	<i>John O. McWeeney</i> Examiner's Signature	Initials			

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TITLE

Compressible ureteral stent for comfort

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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